



Montana Vendor Permit

Section 1 – General Information

Vendor Name: _____ FEIN: _____

Contact Person: _____

Telephone: _____ Fax: _____

Where is your principal place of business? _____
(Street Address, City, State Zip Code)

Mailing Address: _____
(Street Address, City, State Zip Code)

Section 2 - Type of Transaction and Fees

(This permit needs to be renewed on an annual basis by September 30th)

Check the type of transaction(s) below:

☐ New Vendor Permit ☐ Registration of Representative

\$100 New Permit Fee

\$25 Representative Fee (*For each representative*)

\$_____ Total Amount Enclosed

Office Use Only

Amount Paid: \$ _____

Amount Owed: \$ _____

Permit Number: _____

Account Number: _____

Vendors seeking to have their products promoted in the state of Montana are required to hold a current Montana Vendor's Permit. In addition, the vendor is required to employ and register at least one person, and may employ and register two additional persons to promote the sale of the vendors' products in Montana. Persons seeking registration to promote products for vendors need to be a resident of the state.

Section 3 – Question

Does your organization directly or indirectly, have a financial interest in any Montana licensed alcoholic beverage retailer or agency liquor store either individually or as a partner, officer, director, shareholder or employee?

☐ Yes If "yes", please explain: _____
☐ No

A manufacturer cannot have any financial ownership or operational control in an agency liquor store or any retail liquor license.

Section 4 – Representative Information

Having made application above or being the current holder of Montana Vendor Permit Number _____, we understand that we are required to employ at least one, but not more than three (3), representatives to promote the sale of liquor products in the state of Montana. We request approval to register the following:

1. Name: _____ Telephone Number: _____
Address: _____
2. Name: _____ Telephone Number: _____
Address: _____
3. Name: _____ Telephone Number: _____
Address: _____

Please have each representative listed above complete a Statement of Representative Form SUPAVP-2, which can be found on our website at <http://mt.gov/revenue/formsandresources/forms.asp#liqlic>

Section 5 - Declaration and Affidavit

This application needs to be signed by all individuals, partners or members. In the case of a corporate applicant, it may be signed by one shareholder or officer with authority to sign.

I/We declare under penalty of false swearing that the information provided on this application and its attachments are true, correct, and complete.

_____ Signature	_____ Date	_____ Printed Name	_____ Title
_____ Signature	_____ Date	_____ Printed Name	_____ Title
_____ Signature	_____ Date	_____ Printed Name	_____ Title

Mail completed application as well as all necessary documents to:

**Montana Department of Revenue
Liquor Control Division
PO Box 1712
Helena, MT 59624-1712**

Questions? Contact us at:

Phone: Toll Free at 1-866-859-2254 (in Helena, 444-6900) Fax: (406) 444-0722